

Commonwealth of Virginia

RFP 720C-04403-14C

ADDENDUM #2

Issue Date: July 16, 2014

RFP Title: Adult Psychiatric Inpatient Bed Day Purchase and all Related Services

AGENCY: Department of Behavioral Health and Developmental Services (DBHDS)

Purpose: RFP Clarification and Offeror Questions and Answers

The following questions were submitted to the Department of Behavioral Health and Developmental Services under RFP 720C-04403-14C. Questions are reprinted along with the department's answer.

- Q1. What is the historical utilization (discharges and patient days) and denial rates for each of the Virginia State Psychiatric Hospitals for the last 3 years?
- A1. The state does not track denial rates. See attached Excel spreadsheet for patient days information
- Q2. Does the proposed patient population to be covered in the contract include dual diagnosis patients (i.e. medical/psychiatric patients, chemical dependency/withdrawals)?
- A2. Yes.
- Q3. In relation to Section 5.1.4 stating discharge medications to be billed separately, are these reimbursed by the state if not covered by insurance? What about co-pays if the patient does not have the funds to complete the purchase?
- A3. Yes, discharge medications will be reimbursed at cost by the state if not covered by insurance. Offerors should request payment for medication co-pays from clients when applicable and available. Should the co-pay cost be a factor in a patient not receiving medications, the state will reimburse for that co-pays amount.
- Q4. Are physician fees to be included in the daily bed rate?
- A4. The department requests an all-inclusive rate that includes physician fees.
- Q5. In relation to Section 5.8, does this reporting include all patients or exclusive to the State contracted beds/days?
- A5. Reporting under this contract is specific to the contracted beds/days.

- Q6. Can this contract be applied at a system-level or is the contract specific to one provider/facility?
- A6. The department requests separate proposals from each facility
- Q7. Will the contract be for a specific number of bed days or open-ended?
a. If open-ended, will the provider be liable under Section P. Default if provider does not have availability/capacity?
- A7. Specific number of bed days. Intake coordinator/emergency coordinator can authorize initial four (4) days under the contract. An additional four (4) days may be approved for persons with dual diagnoses, the I/DD population, or those deemed medically fragile.
- Q8. Will the provider have the ability to transfer patients to the state hospital should they escalate in violence/aggression?
- A8. Each region has processes to handle referrals from private psychiatric facilities to state facilities, including emergency referrals. However, the purpose of this RFP is to partner with private providers to provide treatment to individuals who would otherwise be declined by private providers.
- Q9. Will the State include patients from out of state who may be visiting or traveling or is the contract inclusive of Virginia patients only?
- A9. Yes. Currently private and state hospitals have seen [are seeing] individuals visiting or traveling through Virginia. The Individual(s) must be prescreened and otherwise meets the criteria for this contract.
- Q10. Does the patient have to be screened by the CSB staff or can provider staff perform initial screening?
- A10. The CSB must prescreen the individual and make or initiate the process for contract rate approval.
- Q11. What is the certification process? Does it involve different steps after a certain number of days?
- A11. See Answer #7.
- Q12. Is there a different reimbursement rate for more difficult patients?
- A12. No. The department seeks one all-inclusive rate to serve individuals with complicated symptoms and/or co-occurring disorders.

Q13. Is there a cap on individual patient care or monthly/annually?

A13. No.

Q14. Is the eVA fee a one-time fee of 1%/\$1500 or does this apply to each invoice submitted to the State?

A14. eVA fees are based on contract value.

Q15. What is the process for how these patients will present to the contracted facility?
Can mental health professionals in Virginia temporarily commit a patient?

A15. Individuals may present to the facility in a number of ways. However, TDOs and commitments require the CSB prescreening. Individuals who are on a TDO will be brought to the hospital by Law Enforcement.

Q16. Are we able to use the normal inquiry process to accept these patients?

A16. A CSB prescreener would contact the hospital for acceptance and the facility will determine whether they accept or deny the admission.

Q17. Will the patients we accept complete treatment at our facility or transfer to a State hospital when capacity is available?

A17. This depends on the individual, their clinical response, and the length of stay authorized by the contract. The purpose of this RFP is to increase the community based options and reduce admissions to state hospitals. Transfer of individuals to state hospitals will be evaluated on a case by case basis.

Q18. Are prior RFP submissions available for review?

A18. No.

Q19. Are prior contracts available for review?

A19. No, there are no pre-existing contracts.

Q20. Is the proposal we submit a commitment if selected?

A20. No. Offerors could elect to not execute a contract.

Q21. If hospitals are part of a healthcare system, can one response be prepared for the entire system?

A21. See Question # 6.

- Q22. Certain facilities have local zoning requirements that may limit access for services to adults. Will the facility be in compliance with this RFP if a patient is denied for services due to a conflict with local zoning?
- A22. Zoning considerations, e.g. not allowing for the admission of an individual involuntarily or on a TDO, should be included in the response to the RFP if such would cause a limitation on who could be served.
- Q23. Physician fees are not detailed in Attachment A. If facility physicians bill and collect for the services that they perform, will there be a separate process/rate/RFP for physician reimbursement if the patient is uninsured and the state is now reimbursing for services?
- A23. Physician fees should be considered and included in the all-inclusive rate.
- Q24. Attachment A details the cost for services per day. There is no indication of beds being dedicated to this award, so facilities will comply with the services based on beds 'as available' per Section 3 in Background. Will the state require a certain number of beds to be held for these services? If beds are required to be held will there be reimbursement for unused bed days?
- A24. No. The department is not requesting beds be held. The contract will be for beds on an as needed basis.
- Q25. Will each facility maintain the right to determine utilization of the RFP beds based on patient safety and unit milieu concerns?
- A25. Facilities must address any admission exclusions in their proposal.
- Q26. Patients that are admitted to a state hospital tend to be chronic patients with a longer length of stay, is there any disposition support? What would the authorization process be for patients that are denied by their primary insurance?
- A26. The State always seeks to be the payor of last resort. Disposition support will be considered for individuals with chronic, complicated and/or co-occurring diagnosis. This contract is indicated for individuals who have no other means to pay, not for individuals with insurance who get denied.
- Q27. Will the Provider that has been awarded this proposal be required to accept the above referenced patients [See Background], even though they may not have identified those patients as a population that they cannot serve?
- A27. Any population a facility determines it cannot serve should be clearly noted in their proposal.

Q28. (Serving those outside the local Community) Will there be any assistance, either operationally or physically, with transportation for the patient to return home?

A28. The state will reimburse on a case-by-case basis with pre-authorization.

Q29. Is our facility qualified to bid on this RFP?

A29. Licensed and accredited mental health inpatient facilities are eligible to submit proposals.

Addendum Acknowledgement

The undersigned acknowledges receipt of this Addendum and by signature confirms the information contained herein shall become part of RFP 720C-04403-14C as amended through this Addendum. Offerors must return this Addendum as part of its proposal. Failure to return signed Addenda shall be grounds to reject the Offerors proposal.

IN COMPLIANCE WITH THIS ADDEDUM AND THE REFERENCED REQUEST FOR PROPOSALS AND TO ALL THE CONDITIONS IMPOSED THEREIN, IN FACT OR BY REFERENCE, THE UNDERSIGNED OFFERS AND AGREES TO FURNISH THE SERVICES IN ACCORDANCE WITH THE ATTACHED SIGNED PROPOSAL AND ADDENDUM OR AS MUTUALLY AGREED UPON BY SUBSEQUENT NEGOTIATION.

Offeror Name and Address:

Telephone:

FEI/FIN Number:

Date: _____

By: _____
(Official Signature in Ink)

Printed Name: _____

Title: _____